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**CENTRAL FAX CENTER****APR 09 2008****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Serial No. .... 10/774,146  
Filing Date ..... February 6, 2004  
Inventor..... Kerry D. Steele et al.  
Assignee..... Battelle Memorial Institute  
Group Art Unit..... 2617  
Examiner ..... Olumide Ajibade Akonai  
Attorney's Docket No. .... E-1672 (BA4-215)  
Customer No. .... 021567  
Title: Communications Device Identification Methods, Communications Methods,  
Wireless Communications Readers, Wireless Communications Systems, And  
Articles Of Manufacture

**Assistant Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

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1. Transmittal Form
2. Interview Summary

Dated: 4/9/2008By: 

Natalie King

Telephone No. (509) 624-4276

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NUMBER OF PAGES IN FACSIMILE: 4

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APR 09 2008

PTO/SB/21 (07-08)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/774,148
Filing Date	February 6, 2004
First Named Inventor	Kerry Dale Steele
Art Unit	2617
Examiner Name	Olumide Ajibade Akonai
Attorney Docket Number	E-1872 (BA4-215)

**ENCLOSURES (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Interview Summary |
|--|--|---|

Remarks

Customer No. 021587

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name Wells St. John P.S.

Signature

Printed name James D. Shaurette

Date

4/9/08

Reg. No.

39,833

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Natalie King

Date

4/9/08

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**INTERVIEW SUMMARY**

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**From:** James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)  
Wells, St. John, P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

**Sir:**

Applicant wishes to thank the Examiner for the courtesies to the undersigned during the telephone interview. The Examiner clarified inconsistencies in the Office Action with respect to the claims. In particular, the Examiner indicated that claim 15 is not rejected over the prior art and such claim recites allowable subject matter. Furthermore, the Examiner indicated that claim 3 is rejected only under 103, not 102.


The Examiner is requested to phone the undersigned if the Examiner believes such would facilitate prosecution of the present application. The undersigned is available for telephone consultation at any time during normal business hours (Pacific Time Zone).

Respectfully submitted,

Dated:

4/9/08

By:

  
James D. Shaurette  
Reg. No. 39,833